

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | IC NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | | 705 19 | 11/27/98 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | DS | 65083 | 12-9-98 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | ✓ | ✓ | 11/27/98 |
| 2 | ✓ | ✓ | 11/27/98 |
| 3 | ✓ | ✓ | 11/27/98 |
| 4 | ✓ | ✓ | 11/27/98 |
| 5 | ✓ | ✓ | 11/27/98 |
| 6 | ✓ | ✓ | 11/27/98 |
| 7 | ✓ | ✓ | 11/27/98 |
| 8 | ✓ | ✓ | 11/27/98 |
| 9 | ✓ | ✓ | 11/27/98 |
| 10 | ✓ | ✓ | 11/27/98 |
| 11 | ✓ | ✓ | 11/27/98 |
| 12 | ✓ | ✓ | 11/27/98 |
| 13 | ✓ | ✓ | 11/27/98 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)